

California Energy Commission

Technical Assistance Application

1. Applicant Information

Applicant* _____

Mailing Address _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

Contact Person _____ Title _____ Department _____

Phone Number _____ Fax Number _____ E-mail _____

2. Project Description

Type of assistance needed ☐ Existing facilities energy audit and recommendations

(Check all that apply) ☐ New construction energy efficient design

☐ Self generation

Discuss your project(s) and why you require technical assistance.

Describe how you plan to implement the recommendations that we may identify, including funding sources.

Describe current contracts or relationships with architects, consultants, energy services companies, utilities or others.

Expected project start date _____ Expected project completion date _____

Indicate your economic criteria for ☐ Projects must have a payback period \leq _____ years.

selecting projects (Check all that ☐ Projects must have an internal rate of return \geq _____ %.

apply) ☐ Other, specify _____

3. Project Team

Title	Name	Phone Number	E-Mail
Project Manager			
Business Manager or Financial Officer			
Electric and Gas Utility Representative			
Consultant/Contractor (if known)			
Specify Other			

* Name of school organization or name of local government, school, college, hospital, special district or public care facility.

4. Provide the following information.

Please prioritize from highest to lowest if you are requesting assistance for more than one facility.

Use additional pages if needed.

Facility Name and Address	Year Built (excluding portables)	Estimated Building Size (sq.ft.)
Example: Pioneer School 1234 Pioneer Street Capitol, CA 95814	1958	35,200

5. I have attached the following information:

- ☐ Governing board resolution
- ☐ Latest 12 months of utility (electric and gas) bills for each facility account that technical assistance is requested for
- ☐ Any past energy studies for each facility
- ☐ Your site map (e.g., 1-As or a fire evacuation map)
- ☐ Annual financial statements (for non-profit organizations only)
- ☐ Schematic drawings (if available, for new construction only)

I certify to the best of my knowledge that the data in this application are correct and complete.

Authorized Representative**

Name _____ Title _____

Signature _____ Date _____

**Authorized Representative is the one designated by the governing body, in your Resolution, to execute documents in the name of the applicant.

Arnold Schwarzenegger
Governor



California Energy Commission
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www.energy.ca.gov/efficiency/public_program

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